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Relevance of Unani Medicine (Greco-Arab Medicine) in Management of Bawāsīr (Hemorrhoids): An Updated Review

**Irfan Ahmad^{1,*}, Mohd Adil¹, Masroor A. Qureshi¹, Nirmala Devi¹,
Haseeb Alam Lari¹, Mohammed Yasir²**

¹Research Officer, Regional Research Institute of Unani Medicine, Mumbai, Maharashtra, India

²Assistant Professor, Department of Ilmul Amraz, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

Abstract

Hemorrhoids is a prevalent anorectal disease with substantial compromise in quality of life, and various important factors are implicated in its causation. Increased abdominal pressure, excessive straining and hard stool lead to the venous engorgement of the hemorrhoidal plexus clinically characterized by per rectal bleeding, thrombosis and symptomatic prolapse of haemorrhoidal mass. In Unani System of medicine, the primary cause for the development of hemorrhoidal disease is focal retention of Sawdavi Ghaleez Dam (abnormal black bile or viscous blood) in the anal region. Numerous single and compound drugs are mentioned in Unani classical texts that have been validated in recent past including Kundur, Muqil, Anjeer, Habb-e-Bawaseer, Habb-e-Muqil etc. The present manuscript is a sincere effort to delineate Unani perspective on haemorrhoids along with current scenario of clinical research in Unani medicine and what policies and strategies should be adopted to expedite the research in this direction.

Keywords: Unani, Bawaseer, Haemorrhoids, Piles, Sawda

***Author for Correspondence** E-mail: irfanmumbai8@gmail.com

INTRODUCTION

Hemorrhoids (*Bawāsīr*) is defined as the downward displacement and/or symptomatic engorgement of anal cushion [1]. It is one of those diseases that has greatly affected the mankind throughout the history [2]. Bawaseer has plagued the humans since antiquity and has equally mended the world history by inflicting the emperor of France, Napoleon Bonaparte. It is narrated that Napoleon suffered from excruciating pain due to severely thrombosed piles on the day of the decisive battle at Waterloo, which severely marred his warfare supremacy [2, 3]. Similarly, the US President “Jimmie Carter” also suffered from it and he had to take time away from the engaged schedule of presidency due to intensity of hemorrhoidal flare [2].

Definition

Hippocrates has defined *Bawāsīr* as varicosity and swelling of anal and rectal veins similar to the varicosity of lower limb veins [4]. *Ibn Qiff*

Maseehi opined that excessive growth of flesh around or inside the anus is *Bawāsīr* [5]. *Mohammad Tabri* defined piles as congestion of morbid viscid *Sawdāwī* blood in anal veins [6].

Majusi defined it as an excess growth at mouth of vessels present in the anus [7]. *Razi* has maintained that piles are reddish black bleed per rectum due to opening of the anal blood vessels [8]. *Avicenna* and *Ismail Jurjani* have not defined haemorrhoids but have given an illustrative description on its physical types [9, 10].

According to *Azam Khan*, *Bawāsīr* is a vascular dilatation at the mouth of haemorrhoidal veins filled with morbid *Khilt-i Sawdā* (bilious melanchole) [11]. *Ibn Hubal Baghdadi* said that formation of haemorrhoidal lesion is due to precipitation of blood at the mouth of anal veins [12]. *Akbar Arzani* has defined haemorrhoids as development of

polyps at anal verge that may or may not present with per rectal bleed [13, 14]. According to *Samarqandi*, haemorrhoid is a fleshy or callus like growth at mouth of anal vein due to accumulation thick *Sawdāwī* blood [15].

Thus, it is clear that haemorrhoidal lesion is vascular dilatation in haemorrhoidal veins due to accumulation of bilious melanchole.

EPIDEMIOLOGY

Although, hemorrhoids are a prevalent anorectal disease with greater socio-economic impact on quality of life of the patients, the epidemiological data is very limited as many patients do not reveal it or avoid seeking medical advice [16]. According to National Institute of Health, the prevalence rate of hemorrhoid is 4.4 % in the age group of 45–60 years, and approximately 50–86% individuals suffer from hemorrhoids globally [17]. In India, Bawaseer is reported to be 30–40% in the target population [18]. In a recent study it was reported that 66.67% males and 33.33% females were affected from haemorrhoids, and the most common age group was below the age of 40 years [19].

Risk Factors

Epidemiological data has implicated various factors for the causation of hemorrhoids, including excess straining during defecation, increased abdominal pressure, and hard stool may predispose to the venous engorgement of hemorrhoidal plexus clinically manifest by per rectal bleeding, thrombosis, and symptomatic hemorrhoidal prolapse [20].

There is no clear scientific evidence with regard to genetic predisposition to hemorrhoids [21]. Persons engaged in occupations requiring heavy lifting or prolonged sitting are more prone to develop haemorrhoids than others [21, 22]. There is no association between hemorrhoids and heavy alcohol consumption, smoking, and coffee drinking [21, 23] as a primary etiology.

PATHOGENESIS

There are many causes of *Bawāsīr* in Unani medicine. According to *Ibn Sina*, it is

commonly caused by *Sawdāwī Mādda* followed by *Sawdāwī* blood and rarely by *Balgham* (morbid phlegm). Phlegmatic material produces flatulent (air-filled) types of *Bawāsīr*. *Sūlūlī* type is more nearer to *Sawdā*; *Tūtī* is nearer to *Sawdāwī Dam*, and *Inabi* is the mixture of both [10].

According to Azam Khan, the cause of *Bawāsīr* is *Sawdāwī Dam* which is produced from two sources: (1): there is oxidation in blood due to excess consumption of hot foods and drugs or amalgamation of *Safrā Hādd Muhtariq* (acute burnt bile) in the blood and results in development of *Khūnī Bawāsīr*. (2) Excessive intake of melancholic bile producing foods leads to production *Sawdāwī Khūn* and thus *Bawāsīr* occurs.

According to Ibn Lūqa, piles are common in those persons who use castor oil in excess. Its prevalence is high in natives of moist and humid places with excess humidity. People use milk, curd, dry fruits, and dry fish in excess. Melancholic individuals are more prone to develop piles. Similarly, persons suffering from *Sawdāwī Maraz* are also prone to develop *Bawāsīr* [9, 11].

Ibn Hubal Baghdadi said that viscid humors are initially accumulated in liver and are diverted towards the anal vessels wherein its precipitation results in piles formation [12]. Jurjani opined that the cause of disease is *Sawdāwī* blood. He gave two reasons for its occurrence: A) acrid and hot temperament drugs and food that make blood acrid or burnt. B) Excessive *Sawdāwī* food intake produces viscous *Sawdāwī* blood. Other reasons are chronic disease, excessive walking, prolong sitting posture, excessive use of castor oil and excessive use of dry fruits [9].

According to Mohammad Ṭabarī, it is the morbid and viscid humor that accumulates in the terminal vessels and forms pile. Initially, morbid blood accumulates in liver which in turn leads to increased heat and dryness or weakness of spleen to absorb and excrete it out of the body [6].

The most common cause of piles is *Mādda Sawdā* or *Sawdāwī Khūn* and rarely *Mādda*

Balghamī [24]. According to al-Kirmānī, swelling at the anal region is due to viscid Sawdāwī blood [14].

According to Unani scholars, the most common cause of Bawaseer is *Khilt-e-Sawda* (abnormal black bile) [18] which is produced due to excess consumption black bile producing food items, such as spices, brinjal, cabbage, cauliflower, and meat items [18]. Other factors may include persons living in moist environment; excess consumption of dates, fish, and milk; sedentary life; physical inactivity; prolonged sitting; increased alcohol intake, and abuse of purgatives [18].

The exact patho-physiology of hemorrhoids is least deciphered. For decades, varicosity of anal plexus was accepted; but it is now obsolete as the hemorrhoids and anorectal varices have been proved to be two distinctive entities [23]. The widely accepted opinion is the theory of sliding anal canal lining which proposes that hemorrhoids develop when the supporting tissues of the anal cushions get weakened [25].

Several inflammatory mediators and enzymes responsible for degradation of supporting tissues in the anal cushions have been scientifically proved, such as matrix metalloproteinase (MMP) capable of degrading extracellular proteins such as elastin, fibronectin; collagen is over-expressed in hemorrhoids along with degradation of elastic fibers [26].

Classification

Bawāsīr has been classified in three ways:

1. According to shape
2. According to site
3. According to presence or absence of bleeding

According to Shape

1. *Sūlūlī*: polyps in shape of *Adasiya* (lentil) or *Himmasiya* (gram)
2. *Inabiyya*: shape of the polyp resembles with grapes
3. *Tūtī*: polyp resembles with the shape of mulberry

4. *Naffākhī*: polyps resemble with the shape of small bubble
5. *Nakhlī*: Vessels of the polyps are spread like the branches and roots of date tree
6. *Tīnī*: Shape of the polyps is flat and round similar to that of *Injir* (fig)
7. *Tamrī*: Shape of the polyps is similar to shape of date i.e. long and oval [9, 11, 12, 14, 15, 27–31].

According to Site

These are of tree types:

1. *Dākhīlī Bawāsīr* (internal piles): hemorrhoidal lesions are deep seated with bleeding and slight pain.
2. *Khārījī Bawāsīr* (external piles): hemorrhoidal lesions are located out-side anal verge and can be seen externally. It is very painful but with scanty bleeding. It may be *Sūlūlī*, *Inabi* or *Tūtī*.
3. *Mukhtalit Bawāsīr* (intro-external piles): it is mixed of above two type of *Bawāsīr* marked with severe pain and profuse rectal bleed [11, 32].

According to Bleeding

There are two types:

1. *Bawāsīr Dāmiya* or *Khūnī Bawāsīr* (bleeding piles): there is bleeding and yellowish watery discharge from anus.
2. *Bawāsīr Ummiya* or *Bawāsīr Aṣam*: there is no bleeding. Only yellowish watery discharge is seen coming out of anus [11].

In conventional medicine, haemorrhoids are classified on the basis of position:

1. External haemorrhoids: these are located distal to the dentate line, and are covered with anoderm [33].
2. Internal haemorrhoids: these are located proximal to the dentate line and are covered with columnar or transitional epithelium [33].
3. Interno-external haemorrhoids: these are also called combined haemorrhoids consisting of both internal and external haemorrhoids [33].

Internal haemorrhoids are further graded based the severity of the symptoms [23] (Table 1.)

Table 1: Graded Based Symptoms.

Grade	Description
1st	Hemorrhoids not protruded, but bleeding tendency may be present.
2nd	Hemorrhoids protruded with defecation but get reduced spontaneously.
3rd	Hemorrhoids protruded but can be reduced manually.
4th	Hemorrhoids are prolapsed permanently.

CLINICAL FEATURES

As per Unani literature, the dominant clinical features are burning sensation, pain, irritation, and heaviness in anus; rectal swelling; congestion of vessels; constipation, and streaks of blood on stool mixed, weakness and sometime collapse [29, 34].

According to Antāki, associated clinical features are: scales on lips; edema in eyelids; fatigue; headache and vertigo; loss of appetite and indigestion, and restlessness [35]. The clinical features delineated by Antāki are better appreciated in advanced cases of haemorrhoids with profuse and chronic rectal bleed.

In conventional medicine, the most common clinical presentation of hemorrhoids is painless bleeding per rectum during defecation with or without anal prolapse. The blood is typically bright red which easily gets coated on the outer surface of stool [36].

MANAGEMENT

As the main cause for the development of *Bawāsīr* is *Sawdavi* or *Ghaleez Dam* (abnormal black bile or viscous blood), evacuation of the morbid matter has got higher significance which may be achieved through different procedures.

Fasd (venesection): basilic vein is venesection to expel the morbid matter. In case of severity, bloodletting of saphenous along with basilic veins is also carried out [9, 10].

Ta'leeq (Leech therapy): the medicinal leeches are directly applied over the haemorrhoidal lesions or adjacent to the lesions in order to evacuate the morbid matter stagnated in the hemorrhoidal plexuses [9, 10]. Pradnya *et al.* found that leech therapy is effective in thrombosed haemorrhoids and the possible mechanism may be attributed to action of hirudin and hyaluronidase as it promotes reduction of swelling, dissolution of the organized blood-clots, and inflammatory cascade [37].

Is'haal (Purgation): black bile purgative drugs are advised to evacuate the morbid matter out the body [9, 10], but majority of physicians are not in favor of employing purgation as this may worsen the general condition of the patient.

Some of the commonly prescribed single drugs for the management of piles are depicted in Table 2. These drugs have been scientifically validated with strong evidence in reduction of inflammatory process in engorged anal plexuses.

According to Ibn Sina, *Adviya Basuriya* (anti-haemorrhoidal drugs) include deobstruent drugs which open mouth of dilated vascular polyps; cicatrizing drugs which heal the hemorrhoidal lesions, and some are hemostyptic which stop rectal bleeding.

Table 2: Description of Evidence-Based Anti-haemorrhoidal Plants in Unani Medicine.

Unani name	Botanical name	Parts Used	Scientific data
Kundur [38]	<i>Boswellia serrata</i>	Oleo-resin gum	It inhibits synthesis of leukotrienes through 5-lipoxygenase process of boswellic acids; thus it has anti-inflammatory activity [39].
Muqil [38]	<i>Commiphora mukul</i>	Oleo resin gum	It exerts anti-inflammatory actions through inhibitory activities on lipidperoxidation and cyclo-oxygenase [40].
Anjeer [38]	<i>Ficus carica</i>	Fruit	It has showed maximum anti-inflammatory activity in experimental models [41].
Suddab [38]	<i>Ruta graveolans</i>	Leaves	It inhibits development of inflammatory edema [42].
Bhangra [38]	<i>Euphorbia prostrata</i>	Whole plant	Effective in haemorrhoids due to improvement of venous tone, increased lymphatic drainage, protection of capillary bed microcirculation, inhibition of inflammatory reactions, and reduced capillary permeability through inhibition of prostaglandin E ₂ (PGE ₂) and thromboxane A ₂ (TxA ₂), and leukocyte activation [43].
Kath [38]	<i>Acacia ferruginea/catechu</i>	Bark	Hydroalcoholic extract of bark of <i>A. ferruginea</i> significantly reduced the inflammatory cytokines such as TNF- α , IL-6, PGE ₂ [44].

Some drugs help shed off the hemorrhoidal polyps and some are helpful in reduction of hemorrhoidal pain [10].

These drugs can be used in form of oral, pessary, liniment, paste and Sitz bath. These drugs can be used in single form or in compound form. *Habb-e-Muqil* is more effective in bloody hemorrhoids, but is not much effective in non-bleeding piles. If piles are co-morbid with anal fissure or proctitis, the latter should be treated at first [15].

Bawāsīr ‘Amiyā (Non-bleeding piles) may be managed on the principles of [9, 10]:

- *Istifrāgh* (Evacuation)
- *Taftīh-i Sudad* (Removal of obstruction)
- *Talyīn* (Laxation)
- *Taskīn-i Alam* (Analgesic)
- *Tahlīl-i Waram* (Resolution of swelling)

The above-mentioned therapeutic principles may be better achieved through two important treatment modalities of Unani medicine:

Ilaj bil-Dawa (Pharmacotherapy) [9, 10, 30, 45]

- *Joshanda-i Aftimun*
- *Joshanda-i Halayla*
- Local application of following formulation for amelioration of rectal pain [9, 10, 30, 45]:

Nakhuna (*Trigonella uncata*, Boiss), Khatmi (*Althaea officinale* L.), Afyun (Dried latex of opium poppy), Zafaran (*Crocus sativus* L.)

- *Abzan* (sitz bath) with *Post-i Anar* (fruit rind of *Punica granatum* L.), *Mazu* (*Quercus infectoria* Oliv), *Zar-i Ward* (stamens of *Rosa damascena* M.), and *Gulnar* (flower of *Punica granatum* L.) [9, 10, 30, 45]
- Besides these, there are some commonly prescribed compound formulations in daily practice with higher efficiency in amelioration of haemorrhoids. These are depicted in Table 3.

Ilaj bil-Tadbir (Regimenal therapy) [9, 10, 44]

- *Fasd-i Safin* (Bloodletting through saphenous vein)
- *Abzan* (Sitz bath)
- *Rest*

Table 3: Compound Drug used in Bawāsīr ‘Amiyā (Non-bleeding Piles) [9, 10, 44]

<i>Habb-i Rasawt</i>	Two pills (each 180 mg) B.D.
<i>Itrifal Saghir</i>	12 g With water at night
<i>Habb-i Muqil</i>	2–4 tablets at night with lukewarm water
<i>Itrifal-i Muqil Mulayyin</i>	7–12 g in morning and night
<i>Murabba-i Halayala</i>	1–2 pieces with water at night
<i>Roghan Zard</i>	Local application

Bawāsīr Dāmiya (Bleeding piles) may be managed on the principles of [9, 10, 44]:

- *Islah-i Ghiza* (dietary regulation)
- *Talyin* (Laxation)
- *Tanqiya-i Dam Fasid o Khilt Sawdāwī* (evacuation of impure sanguine & black bile)
- *Taskin-i Dard* (Analgesic)
- *Habs-i Dam* (haemostasis) in case of excessive bleeding
- *Indimal* (Healing)

These therapeutic targets may be achieved with:

Ilaj bil-Dawa (Pharmacotherapy) [9, 10, 44]

- Local application of paste containing egg yolk, barley flour and *Roghan-i Gul*.
- Local application of paste containing egg yolk and *Roghan-i Gul*.
- Local application of old olive oil.
- *Abzan* (sitz bath) with the decoction of *Khatmi* (*Althaea officinalis*, L), *Khubbazi* (*Malva sylvestris* L.) and *Banafsha* (*Viola odorata*, L.) [9, 10, 44]
- *Abzan* (sitz bath) with the decoction of *Masur* (*Lens esculenta*, Moench), *Post-i Anar* (Fruit rind of *Punica granatum* L.), *Mazu* (*Quercus infectoria*, Oliv) and *Zar-i Ward* (Stamen of *Rosa damascene*, Mill) [9, 10, 44]
- Besides these local therapeutic interventions, there are some potentially efficacious compound drugs recommended in its management as given in Table 4.

Ilaj bil-Tadbir (Regimenal therapy) [9, 10, 44]

- *Fasd-i Safin* (Bleeding through saphenous vein)
- *Hijamah* (cupping) on hip

Table 4: Compound Drugs used in Bawāsīr Dāmiya [9, 10, 44].

<i>Qurs-i Kahruba</i>	3 pills of 1 g, each with lukewarm water
<i>Habb-i Muqil</i>	2–4 pills at bedtime with lukewarm water
<i>Habb-i Khubs a-Hadid</i>	3 pills twice a day
<i>Habb-i Raswat</i>	2–4 pills in morning with water
<i>Marham-i murdar Sang</i>	Local application
<i>Marham-i Asfidaj</i>	Local application
<i>Itrifal Saghir</i>	12 g at bedtime
<i>Itrifal-i Muqil</i>	7–12 g with <i>Arq-i Gaozaban</i> 144 ml. twice a day.
<i>Majun-i Muqil</i>	7 g in morning with water.

Table 5: List of Clinical Trials on Bawāsīr in Unani Medicine.

Title	Study type and IEC approval	Sample size and duration	Inferences
Efficacy of a compound Unani formulation Habb-e-Bawaseer in the management of haemorrhoids (Bawaseer)	Pre-post interventional study IEC approval taken	60 and 28 days	Effective in 1st and 2nd Bawāsīr; highly significant reduction noticed in rectal bleeding, anal pain, anal pruritus, mass feeling, constipation, proctoscopic examination and hemoglobin [46]
Effect of Habb-E-Bawaseer Khooni in internal haemorrhoids: A controlled clinical trial	RCT Ethical clearance not taken	30 in each arm; 6 weeks	Effective in 1st, 2nd and 3rd degrees of internal haemorrhoids [47]
Clinical Study on Haemorrhoids and Therapeutic Evaluation of Habb-e-Rasaut and Habb-e-Muqil in its Management	Pre-post interventional study Ethical clearance not mentioned	30; 60 days	Effective in 1st and 2nd degrees of internal haemorrhoids [48]

SURGICAL INTERVENTIONS

Unani physicians have described three types of surgical treatments: Khazam, Shad, and Qata’.

Khazam

Here, the needle is equipped with silk thread and passed into the root of polyp and tied tightly multiple times and after few days, the polyp is shed off.

Shad

Root of polyp is tied and left for 1 day, then the knot is opened and re-tied more tightly than before leaving again for whole day and night. This method is repeated till the hemorrhoidal polyp is fallen off.

Qata’

The polyp is held with rough cloth and pulled slowly, then cut with scissor and dusting powder is sprinkled over the lesion [5].

Status of Research on Bawāsīr

The present status of experimental research on Bawaseer is not much optimistic as good quality RCT has not been conducted on the subject. Majority of the work has been done by

the post graduate students for the partial fulfillment of academic qualifications. Hence, the future strategies should be focused on validation of Unani drugs by the research institutes with rationality, proper study designs and appropriate sample size. In recent past few trials have been conducted with smaller sample size but without sample size justification (Table 5). No trial has been done focused on mechanistic approach of *Adviya Basuriya* as described by Ibn Sina.

CONCLUSION

It is the need of hour that good and ethically designed clinical trials should be done on the efficacy of drugs mentioned in Unani medicine for management of hemorrhoids. The research institutes should show interest in the validation of pharmacopeia medicines as very rich data is available in Unani literature.

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CONFLICT OF INTEREST

None declared

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